Indiana State Police Methamphetamine Laboratory Occurrence Report This form complies with the statutory requirement set furth in IC 5-2-15-3.

Date:	<u>9-13-2010</u>	Address:	3 <u>09 E Sixth St</u>
Case #:	34F36635		<u>Jaspe</u> r I <u>N</u>
County:	<u>Dubois</u>		
Type of Laboratory Seizure (check one) Seizure Location			theck all that apply)
	onal Lab al/Gfassware/Equipment (only) tc (only)	Residence Outbuilding Vehicle	☐ Hotel/Motel ☐ Open No Structure ☑ Other: Jasper Police Depart
Items Found: Location (bedroom, kitchen, open air, etc)			
(check all that apply) Lithium/Ammonia Reaction(s):			
Red Phosphorous/Iodine Reaction(s);			
Flammable Solvents:			
Water Reactive Metal (Lithium): PD GArage one pot reaction dry			
Anhydrous Ammonia: pd garage one pot reaction dry			
Hydrochloric Acid Gas Generator(s):			
Corrosive Acid: IN PD Garage in bag			
Corrosive Base; One pot reaction			
Other (item and location):			
Yes	r age 18 discovered (check one) (number present) port to Child Protective Services	Ephedrin	e Information e/Pseudoephedrine Tracking Log erchant Tip
This report is to be faxed to the following agencies that serve the location:			
Fire Departs	nent; <u>Jasper FD</u>	Fax: <u>812.4</u>	•
Health Depa	artment; <u>Dubois</u>	Fax: <u>812</u> 44 Vax:	81_7069
Child Protec	ction Service: NA		•
For further information regarding this methamphetamine laboratory, contact Investigating Officer: Paul N Andry Phone 812 482 1441			

This form is to be faxed to the Fire Department, Health Department and/or Child Protective Services Department listed within 24 hours of seene processing.

This form is to be included with the case file, and a copy sent to the Clandestine Laboratory Team Leader for retention,